

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **OVERPAYMENT RECOVERY SYSTEMS, POST AWARD SERVICE AND SAVINGS PROGRAM, AND FINANCIAL ASSISTANCE METHOD OF DOING BUSINESS**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>60/189,551</u>	<u>March 15, 2000</u>
Application Number	Filing Date
<u> </u>	<u> </u>
Application Number	Filing Date

I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Philip B. Polster, Reg. No. 16,554, Frederick M. Woodruff, Reg. No. 15,301, J. Philip Polster, Reg. No. 24,739, Lionel L. Lucchesi, Reg. No. 25,891, William G. Bruns, Reg. No. 19,541 and Edward A. Boeschenstein, Reg. No. 22,986, William B. Cunningham, Jr., Reg. No. 26,155, Ralph B. Brick, Reg. No. 17,444, Michael Kovac, Reg. No. 22,140, J. Joseph Mueller, Reg. No. 28,450, Jonathan P. Soifer, Reg. No. 34,932, Ned W. Randle, Reg. No. 35,989, Martha A. Michaels, Reg. No. 20,453, McPherson D. Moore, Reg. No. 28,449, Mark E. Books, Reg. No. 40,918, Catherine W. Wall, Reg. No. 42,209, Philip B. Polster, II, Reg. No. 43,864, Ronald W. Hind, Reg. No. 24,643 and David H. Chervitz, Reg. No. 32,820.

Direct all telephone calls to Ned W. Randle at Telephone No. (314) 872-8118.

Address all correspondence to Customer Number 001688.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like

so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Sole Inventor:

James F. Allsup

Inventor's Signature:



James F. Allsup

7/26/00

Residence:

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Citizenship:

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Applicant: James F. Allsup

Attorney's Docket No: 7554

Serial No

Filed:

For: OVERPAYMENT RECOVERY SYSTEMS, POST AWARD SERVICE AND SAVINGS PROGRAM, AND FINANCIAL ASSISTANCE METHOD OF DOING BUSINESS

**VERIFIED STATEMENT (DECLARATION)
CLAIMING SMALL ENTITY STATUS
(37 CFR §1.9(f) AND §1.27(b))
INDIVIDUAL INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR §1.9(c) for purposes of paying reduced fees under §41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled OVERPAYMENT RECOVERY SYSTEMS, POST AWARD SERVICE AND SAVINGS PROGRAM, AND FINANCIAL ASSISTANCE METHOD OF DOING BUSINESS

described in:

(X) the Specification filed herewith.

I have not assigned, granted, conveyed or licensed and are under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR §1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR §1.9(d) or a nonprofit organization under 37 CFR §1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

(X) no such person, concern or organization.
() persons, concerns or organizations listed below.

Full Name:

Address:

(X) Individual () Small Business Concern () Nonprofit Organization